

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <b>09/807774</b>	<small>FILING DATE</small> 
							<small>APPLICANT(S)</small> 	
<b>Amend B CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1		1			
2		1		1		1		
3		2		1		1		
4		2		1		1		
5	1		1		1			
6		0		0		0		
7		0		0		0		
8		0		0		0		
9		0		0		0		
10		0		0		0		
11		0		0		0		
12	1		1					
13		1		1				
14	1		1					
15		2		2				
16		0		0				
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TOTAL IND.							4	
TOTAL DEP.							14	
TOTAL CLAIMS							18	
							2	
							7	
							9	

  

<b>Amend C</b>							<b>Amend D</b>						
	IND.		DEP.					IND.		DEP.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.				
51	1												
52		1											
53				1									
54				1									
55	1												
56		2								2			
57		2								2			
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100													
TOTAL IND.							2		2				
TOTAL DEP.							11		11				
TOTAL CLAIMS							13		13				